

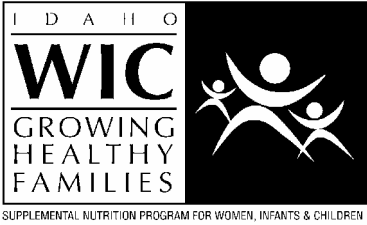
Application for WIC

FORM NO: 101E (07/01)

DATE APPLIED: _____

APPT DATE: _____

Please call local agency
to make an appointment.
Applications will not be
accepted by mail.



Please complete both sides of this application.

Responsible Adult	FIRST	MI	LAST	MAIDEN NAME (if any)	
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Physical Address	STREET	CITY	COUNTY	STATE	ZIP CODE
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Mailing Address (if different)	STREET	CITY	COUNTY	STATE	ZIP CODE
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Telephone	HOME	WORK OR MESSAGE
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List all people who are applying for WIC services. Include unborn children.
Sex, race, education, and marital status are for statistical purposes only. They are not used to determine eligibility.
Race choices are: A = Asian/Pacific Islander I = American Indian/Alaskan Eskimo H = Hispanic/Latino
 W = White/Caucasian B = Black/African American

FOR WIC USE

LEGAL NAME			SOCIAL SECURITY NO.	BIRTH DATE	SEX	RACE	ID NUMBERS
FIRST NAME	MI	LAST NAME					F _____

Answer the following information if you are pregnant, breastfeeding, or had a baby less than 6 months ago.

What is your baby's due date? (Include even if your baby is already born)

What is the highest grade you have completed in school? _____

What is your marital status? ☒ married ☒ single ☒ widowed ☒ divorced

How many people are living in your household? _____

Is anyone in your household receiving Food Stamps, TAFI, Medicaid or CHIP? ☐no ☐yes

Is anyone in your household a migrant farm worker? ☐no ☐yes

How did you hear about the WIC Program?

FF ☐ Family or Friends MD ☐ Doctor office PH ☐ School HD ☐ Health department
 IH ☐ Indian Health Services HW ☐ Health & Welfare OT ☐ Other _____
 SE ☐ I have been on WIC before.

Where have you been on WIC before? _____

Please read the information below and sign to indicate you understand and agree to follow these conditions if you and your children are determined eligible to participate in the Idaho WIC Program.

- **All information I have provided is correct** and WIC staff may verify any of the information. I may be prosecuted under the law and have to pay back what I received if I have intentionally lied or withheld the truth.
- **I can receive WIC benefits from only one WIC office at a time.**
- **I have the right to appeal eligibility decisions** by requesting a fair hearing within 60 days.
- **I consent to the taking of height and weight measures and a finger stick blood test** for anemia from myself or my child. These are used to establish nutritional need for the WIC program.
- **I authorize the release and transfer of medical and social information in the WIC records** for myself and my children listed on this form to local, state and federal WIC sponsors. This information will be used for the purposes of receiving WIC services, evaluating the effectiveness of the program, monitoring and auditing the program, and referral for other appropriate Department of Health and Welfare services. I release these agencies from any and all responsibility and liability concerning the release of information I have consented to be released.
- **I may review my record** and I have the right to revoke this consent in writing at any time.

W _____

Signature of Responsible Adult

Date

The WIC Program prohibits discrimination on the basis of race, color, national origin, gender, age, or disability. To file a complaint of race, color, national origin, gender, age, or disability discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington DC, 20250-9410 or call toll-free 1-888-271-5983.

THIS BOX IS FOR WIC STAFF USE ONLY

IDENTIFICATION	INCOME ELIGIBLE	INCOME SOURCE (employer)	Amount	**	Subtotal
<input type="radio"/> visual	<input type="radio"/> TAFI-MA-FS-CHIP	1. _____	\$ _____	_____	\$ _____
<input type="radio"/> other _____	<input type="radio"/> check stub <input type="radio"/> W-2	2. _____	\$ _____	_____	\$ _____
	<input type="radio"/> unemployment	3. _____	\$ _____	_____	\$ _____
	<input type="radio"/> other _____				
RESIDENCE ELIG.	** See Procedure Manual, APPENDIX A to calculate monthly gross income	Household size: _____	Monthly gross income		\$ _____
<input type="radio"/> driver license		Is there other income (overtime, tips, bonuses, child support, SSI) ?			
<input type="radio"/> utility bill <input type="radio"/> letter					
<input type="radio"/> other _____					
PREGNANCY PROOF					
<input type="radio"/> written <input type="radio"/> visual					

Staff Signature and Date

WIC is an equal opportunity provider and employer.